

IN THE BANKRUPTCY COURT OF THE UNITED STATES
FOR **THE DISTRICT OF RI**PROVIDENCE**

IN THE MATTER OF:
Phin, Chamroeun
SSN: **XXX-XX-1085**

BANKRUPTCY CASE NO. **11-14706 ANV**
POC AMOUNT \$8,963.59
Claim # 1

NOTICE OF ASSIGNMENT OF CLAIM
AND
TRANSFeree NOTICE OF TRANSFER
OF PAYMENTS

The Educational Credit Management Corporation (ECMC), (the "Transferee") does hereby give notice to the Court that it has accepted assignment and transfer of the student loan(s) included in the claim for the above-referenced debtor from **American Student Assistance** direct all future payments and correspondence as follows:

Correspondence:

ECMC
PO Box 75906
St. Paul, MN 55175

Payments:

ECMC
Lockbox 8682
P O Box 75848
St. Paul, MN 55175-0848

Pursuant to the attached Assignment from **American Student Assistance**, as the Transferor has waived notification and hearing with respect to this Notice of Assignment of Claim to ECMC pursuant to Bankruptcy Rule 3001.

Educational Credit Management Corporation under '**pains of penalty and perjury**'

By: /s/ Debra Wilcoxson
ECMC Representative

Date: May 8, 2012

B10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT _____ DISTRICT OF <u>RHODE ISLAND</u>		PROOF OF CLAIM
Name of Debtor: <u>PHIN, CHAMROEUN</u>		Case Number: <u>1:11-BK-14706</u>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): <u>SLM TRUST 2011-2</u>		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: _____
Name and address where notices should be sent: <u>ACS</u> <u>P. O. BOX 22724</u> <u>LONG BEACH, CA 90801-5724</u> Telephone number: <u>(310) -513-2700</u>		
Name and address where payment should be sent (if different from above): Telephone number: _____		
1. Amount of Claim as of Date Case Filed: \$ <u>\$8,963.59</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Tax or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input type="checkbox"/> Other - Specify applicable paragraph off 11 U.S.C. §507 (a)(). Amount entitled to priority: \$ _____ <small>* Amount are subject to adjustment on 04/01/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
2. Basis for Claim: <u>Student Loan</u> (See instruction # 2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: <u>1085</u> 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)		
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, If any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING If the documents are not available, please explain.		
Date: <u>1/31/2012</u>	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attached copy of power of attorney, if any. <div style="text-align: right;"> <u>Delyce Sloan</u> Default Representative </div>	

FOR COURT USE ONLY

UNITED STATES BANKRUPTCY COURT

FOR THE _____ DISTRICT OF RHODE ISLAND
IN RE: PHIN, CHAMROEUN BANKRUPTCY CASE NUMBER 1:11-BK-14706
ACCT #: XXX-XX- 1085 CHAPTER 13

ASSIGNMENT

FOR A VALUABLE CONSIDERATION, THE RECEIPT OF WHICH IS HEREBY ACKNOWLEDGED,
SLM TRUST 2011-2 DOES HEREBY ASSIGN, TRANSFER
AND SET OVER TO THE AMERICAN STUDENT ASSISTANCE GUARANTOR ITS CLAIM OF
\$8,963.59 AS FILED HEREIN AGAINST THE ABOVE DEBTOR.

SLM TRUST 2011-2 SPECIFICALLY WAIVES FURTHER NOTICE OF
ANY MATTERS IN CONNECTION WITH THE ABOVE AND FOREGOING CLAIM AND REQUESTS THE COURT
TO MAKE AN ORDER SUBROGATING THE ABOVE ASSIGNEE TO THE RIGHTS OF.

SLM TRUST 2011-2 HEREIN. IT IS FURTHER REQUESTED
THAT ANY CHECK RESPECTING THIS CLAIM BE MADE PAYABLE TO:

AMERICAN STUDENT ASSISTANCE GUARANTOR

100 CAMBRIDGE STREET, SUITE 1600 BOSTON, MA 002114

SIGNED: _____

AS AUTHORIZED AGENT

BY: ACS

TITLE: DEFAULT CLAIM EXAMINER

DATE: 1/31/2012

Prepared By: Delyce Sloan

ORDER

AT _____ DAY OF _____ 2012, ON THE FOREGOING, IT IS ORDERED
THAT THE ABOVE DESCRIBED ASSIGNEE BE SUBROGATED TO THE RIGHTS, DUTIES AND OBLIGATIONS
OF THE ORIGINAL CLAIMANT IN THE CLAIM FILED HEREIN, DESIGNATED AT NO. _____

FILED AT _____ O'CLOCK

BANKRUPTCY JUDGE

100 Cambridge Street, Suite 1600
Boston, MA 02114

800.999.9080

www.asa.org



March 15, 2012

Jan Jacobson
Educational Credit Management Corporation
1 Imation Place
Building 2
Oakdale, MN 55128

ASSIGNMENT OF CLAIM

The Massachusetts Higher Education Corporation d/b/a American Student Assistance (ASA) hereby assigns to the Educational Credit Management Corporation (ECMC), for valuable consideration, the receipt of which is hereby acknowledged, its rights, title, and interest in those student loans listed in the enclosure to this letter, dated March 15, 2012.

The Massachusetts Higher Education Corporation d/b/a American Student Assistance hereby waives notification and any hearing with respect to the assignment of claim by ECMC pursuant to Bankruptcy Rule 3001.

Keith A. Coburn
Bankruptcy Specialist
1-800-999-9080, Ext. 3046

Enclosure: